

MAILING ADDRESS
Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509

Nebraska Application For Licensing A New Barber Shop

Please Print Or Type:

OFFICE LOCATION
Executive Building
521 South 14th Street
1st Floor - (402)471-2051

Submit application, floor plan sketch or blueprint and the \$ 200.00 inspection and license issuance fee: NOT LESS THAN 15 DAYS PRIOR

TO SCHEDULE OPENING DATE. Shop is requesting to open for business on _____, **20** _____. The barber shop shall satisfactorily comply with all requirements set forth in the Rules and Regulations adopted and filed by the Board of Barber Examiners, and shall at all times operate according to the laws set forth in the Nebraska Revised Statutes pertaining to the practice of barbering. Authorization will then be given for shop opening.

Barber Shop Name _____ Shop Phone # _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Shop Owner/s _____ Home Phone # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC Cell Phone # _____

Shop Owner/s _____ Home Phone # _____
Individuals Name (first, middle, last) or Name of Corporation, LLC Cell Phone # _____

If incorporated submit proof of Articles of Incorporation. Federal Identification # (FIN or EIN) _____

Is owner licensed barber? YES [] NO [] if no, give name of licensed barber _____ and license # _____

Does shop offer booth/chair rental? YES [] NO [] if yes, enclosed lockable booth/suites? YES [] NO [] if yes, key must be available for inspection.

Provide a list of barbers working with their barber license numbers and booth permit numbers if applicable on a separate piece of paper.

Days and Hours of Operation: Open only by appointment YES [] NO [] please indicated and list times most likely for individual or individuals to be working.

Monday []	Tuesday []	Wednesday []	Thursday []	Friday []	Saturday []	Sunday []
to	to	to	to	to	to	to

Zoned barber shop location Business [] Residential []

City water connection YES [] NO []

City sewer connection YES [] NO []

Capacity Hot Water Heater _____

Toilet location:

shop premises YES [] NO []

common area of commercial building ...YES [] NO []

Method of Ventilation (heating & cooling) _____

Number of Immersion Sanitizers _____

Trade name of Immersion Germicidal Agent Used _____

Brushes & Combs (Example Barbicide) _____

Metal Tools (Name of Disinfectant Spray) _____

Clipper Blades (Name of Disinfectant Spray) _____

Will business be licensed Cosmetology Salon? YES [] NO []

Size of shop _____ ft x _____ ft or Square footage _____

Dispensary, storage & other rooms: YES [] NO []

Description of usage for room/s (above) _____

Type of Flooring _____

Type of Walls _____

Type of Ceiling _____

Type of Lighting _____

Number of Barber Chairs _____

Number of Shampoo Bowls _____

Number of Mirrors _____

Mirror Size _____ x _____ (inches or feet)

United States Citizenship Attestation – For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:

OR _____ I am a citizen of the United States.

OR

_____ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

OR

_____ Not applicable as Business is [] Partnership [] Corporation or [] Other _____

OWNER'S SIGNATURE _____ SOCIAL SECURITY # _____ Explain/Describe

All Owners must Sign and Signature must be witnessed by a Notary Public

STATE OF NEBRASKA)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF)

_____ DAY OF _____, 20 _____

SEAL _____ NOTARY PUBLIC

INSPECTOR'S COMMENTS: _____

OFFICE USE ONLY:

DATE FILED _____ RECEIPT NO. _____ INSPECTION DATE _____

FEE RECEIVED _____ LICENSE NO. _____ ISSUANCE DATE _____